CardinalCare
Virginia's Medicaid Program

VIRGINIA'S MEDICAID PROGRAM
DMAS

August 31, 2026

Important Information About Changes to Medicaid Eligibility

You are getting this letter because you are enrolled in Medicaid Expansion, and federal changes made by *H.R. 1* (also called the "One Big Beautiful Bill") may affect your coverage.

Starting in January 2027, Medicaid Expansion members will be subject to a new **Medicaid Work Requirement** and have their eligibility for coverage reviewed every 6 months. Medicaid Expansion covers adults aged 19 to 64 who are not eligible for Medicare and have income below 138% of the federal poverty level. All states are federally required to make these changes.

The new Medicaid Work Requirement DOES NOT apply to other types of Medicaid, such as coverage for children, pregnant and postpartum individuals, or adults with a disability or who are over age 64.

The work requirement will be used to determine your eligibility **beginning with your first renewal in 2027.** The state will first determine if you meet an exclusion and are a "specified excluded individual." If you are, you will not need to meet the new requirement. If you do not meet an exclusion and are an "applicable individual," you will be subject to the requirement. Applicable individuals will need to engage in qualifying activities or meet an exception to remain eligible for Medicaid Expansion. Exclusion, exception, and qualifying activity details are on the next page.

If you are no longer eligible for Medicaid Expansion, the state will check your eligibility for other types of Medicaid before ending your coverage. You will be sent a notice each time your Medicaid coverage is renewed, changed, or ended, and you have the right to appeal if you disagree with the decision. If you lose Medicaid because you do not meet the work requirement, you will also be ineligible for financial assistance to purchase private health insurance from Virginia's Insurance Marketplace.

Changes to your contact information and changes that may impact your Medicaid eligibility, including meeting or no longer meeting work requirement exclusions and exceptions, should be reported within 10 days of the change. Changes can be reported by calling the Cover Virginia Call Center, 855-242-8282 (TDD: 1-888-221-1590), at commonhelp.virginia.gov, or at your local Department of Social Services.

You can get information about your current Medicaid coverage and your next renewal date by calling the Cover Virginia Call Center, chatting with a live customer service agent at www.coverva.dmas.virginia.gov, or by contacting your local Department of Social Services.

Learn More and Stay Connected!

Scan or visit dmas.virginia.gov/news-updates/new-federal-requirements/ to learn more about these changes, find resources, and stay up-to-date

Exclusions

A person must meet one of the exclusions listed below in the month that they apply or in the month that their renewal is processed to be a "specified-excluded individual."

- Being a former foster care child who is under age 26
- Being an American Indian or Alaskan Native
- Being a veteran with a total (100%) disability rating
- Being pregnant or having been pregnant within the past 12 months
- Being a parent, caretaker relative, guardian, or family caregiver of a dependent child under 14, or an individual with a disability of any age
- Complying with Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) work requirements
- Participating in a substance use disorder (SUD) treatment program
- Being incarcerated or having been incarcerated in the past 3 months
- Having a physical, intellectual, or developmental disability, blindness, a disabling mental disorder, a serious or complex medical condition, or a substance use disorder that significantly impacts the person's ability to work, attend school or training, or volunteer

Exceptions & Qualifying Activities

At application, an 'applicable individual' must meet an exception or be compliant in the month before they apply. At renewal, a person must meet an exception or be compliant in at least one month since their most recent enrollment or renewal. when their coverage is being renewed.

Exceptions

- Transitioning into Medicaid Expansion from certain other types of Medicaid coverage, such as children's coverage, coverage for pregnant individuals, or coverage for SSI recipients.
- Receiving in-patient hospital care, institutional care, or care of a similar level.
- Needing to travel outside of community to get necessary medical care for self or a dependent because care is not available in your community.
- Living in a county or city that has a high unemployment rate or where a federal emergency or disaster has been declared.

Compliance Activities

1. Completing at least 80 hours of one or more of the following:

   Work: Includes paid work, self-employment, contract work, and in-kind (work done for goods and services) and unpaid (ex: internships and trial-work periods) work.*

   Work Program: Employment and training programs, such as those offered by Virginia Works and the U.S. Department of Veteran's Affairs.

   Community Service: Unpaid, non-partisan work for the direct benefit of the community done with a public or nonprofit organization that supervises and tracks the work.

   Education: High school, high school completion or equivalency program, higher education (ex: associate degree or college), or technical/career education program.

2. Being enrolled in an education program at least half time, as defined by the educational institution.
3. Having a household income of at least $580 per month.*

*Hours worked and income can be averaged over a 6-month period for seasonal workers.

It is important we treat you fairly.

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This agency provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). This agency also provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at 1-855-242-8282 (TTY: 1-888-221-1590).

If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: (804) 786-7933 (TTY: 1-800-343-0634). If you need help filing a grievance, the DMAS Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or** by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY 800-537-7697). Complaint forms are available at **https://hhs.gov/ocr/office/file/index.html**.

This notice is available at https://coverva.dmas.virginia.gov/non-discrimination/

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If you are visually impaired and need large print or other assistance to access this document, please contact us at 1-855-242-8282 (TTY: 1-888-221-1590).

English: Get help in your language
This Notice has important information about your benefits or application for health coverage from Virginia Medicaid. Look for important dates. You might need to take action by certain dates to keep your benefits. You have the right to get this letter for free in your language, in large print, or in another way that is best for you. Call us at 1-855-242-8282 (TTY: 1-888-221-1590).

Spanish: Obtenga ayuda en su idioma
Este aviso tiene información importante de Virginia Medicaid sobre sus beneficios o solicitud de cobertura de salud. Busque fechas importantes. Puede que necesite hacer algo antes de ciertas fechas para conservar sus beneficios. Tiene derecho a obtener esta carta en su idioma, con letra grande, o de cualquier otra manera que sea mejor para usted, de manera gratuita. Llámenos al 1-855-242-8282 (telefonía de texto [TTY]: 1-888-221-1590).

Korean: 본인의 언어로 도움을 받으세요.
이 통지서에는 버지니아 메디케이드의 의료 보험 혜택 또는 의료 보험 신청에 대한 중요한 정보가 들어 있습니다. 이에 대한 중요한 마감일도 공지하고 있습니다. 혜택을 받으려면 마감일까지 조치를 취하셔야 합니다. 이 통지서는 본인이 사용하는 언어로 또는 큰 글자로 인쇄된 서신으로 또는 본인에게 최선이 될 수 있는 방법으로 무료로 받을 수 있는 권리가 있습니다. 저희에게 문의해 주십시오. 문의처 1-855-242-8282 (TTY: 1-888-221-1590)로 전화하십시오.

Vietnamese: Nhận giúp đỡ bằng ngôn ngữ của quý vị
Thông báo này có thông tin quan trọng về cách quý vị nhận phúc lợi hoặc cách nạp đơn nhận bảo hiểm y tế thuộc chương trình Medicaid của tiểu bang Virginia. Hãy chú ý đến những ngày quan trọng. Quý vị có thể phải hành động trước một số ngày trong Thông báo này để tiếp tục nhận phúc lợi. Quý vị có quyền nhận thư này miễn phí bằng tiếng Việt, bằng chữ khổ lớn hoặc theo cách nào phù hợp nhất với quý vị. Xin gọi cho chúng tôi theo số 1-855-242-8282 (máy TTY: 1-888-221-1590).

Chinese (Traditional): 用您使用的語言獲得幫助
本通知包含有關您的Virginia Medicaid福利或醫療承保申請的重要資訊。請查看重要的日期。您可能需要在某些日期之前採取行動，才能保持您的福利。您有權免費用您使用的語言、大印刷體或其他最適合您的方式收到本信函。請電洽 1-855-242-8282（TTY: 1-888-221-1590）。

Arabic: احصل على المساعدة بلغتك
يتضمن هذا الإخطار معلومات مهمة عن المزايا التي سوف تحصل عليها -أو عند التقدم للحصول عليها- من التأمين الصحي المقدم من فيرجينيا ميدكيد Virginia Medicaid. ابحث عن التواريخ المهمة. قد يتعين عليك القيام بإجراءات بحلول تواريخ محددة للاحتفاظ بمزاياك. يحق لك الحصول على هذا الخطاب مجانًا بلغتك، مطبوعا طباعة كبيرة، أو بأفضل طريقة تراها. اتصل بنا على رقم 1-855-242-8282 (TTY: 1-888-221-1590).

Amharic: በቋንቋዎ እርዳታ ያግኙ
ይህ ማስታወቅያ ከቨርጂንያ ሜዲኬይድ የሚያገኙትን ጥቅሞችዎን ወይም የጤና ሽፋን ማመልከቻን አስመልክቶ አስፈላጊ መረጃ ያዘለ ነው። አስፈላጊ ቀኖችን ይመልከቱ። ጥቅሞችዎ እንዳይቋረጥብዎ፣ በተወሰኑ ቀኖች ውስጥ እርምጃዎችን መውሰድ ሊያስፈልግዎ ይችል ይሆናል። ይህን ደብዳቤ፣ በነጻ፣ በቋንቋዎ፣ ተለቅ ባሉ ፊደሎች ታትሞ፣ ወይም ለእርስዎ በሚያመቹ በሌላ መንገዶች የማግኘት መብት አለዎት። ወደኛ በ 1-855-242-8282 (TTY: 1-888-221-1590) መደወል ይችላሉ።

Urdu: اپنی زبان میں مدد حاصل کریں
اس نوٹس میں آپ کے بینیفٹس یا Virginia Medicaid سے صحت کے کوریج کے لیے درخواست کے بارے میں اہم معلومات ہیں۔ اہم تاریخوں پر نظر رکھیں۔ آپ کو اپنے بینفٹس برقرار رکھنے کے لیے مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو یہ خط اپنی زبان میں، بڑے حروف میں، یا کسی دوسرے طریقے سے جو آپ کے لیے بہترین ہو، مفت حاصل کرنے کا حق ہے۔ ہمیں 1-855-242-8282 (ٹی ٹی وائی: 1-888-221-1590) پر کال کریں۔

Tagalog: Tumanggap ng tulong sa inyong wika
May mahalagang impormasyon ang patalastas na ito tungkol sa inyong mga benefit [kapakanan] o paghiling na masakop ng segurong pangkalusugan ng Virginia Medicaid. Tignan ang mga mahahalagang petsa. Maaaring dapat kumilos kayo sa ilan mga petsa upang mapanatili ang inyong mga benefit. May karapatan kayong matanggap ang sulat na ito sa iyong wika. malaking mga letra, o sa anumang paraan na pinakamahusay sa inyo. Tawagan kami sa 1-855-242-8282 (TTY: 1-888-221-1590).